## PART B - FEE(S) TRANSMITTAL

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09/28/2006 MWOLDGE2 00000040 194675 10070710					M	ichael J.	. St	riker	(Depositor's name)	
01 FC:1501 02 FC:1504	1400.00 DA 300.00 DA			·	0	9/21/2000	5	7/6	(Signature)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/070,710 03/12/2002 Martin Kocher 2014 2567 ITLE OF INVENTION: SAW BLADE FOR HAND-HELD TOOLS										
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO \$1400		00	\$300		\$0 \$1700 		\$1700	10/16/2006	
EXAMINER			NIT	CLASS-SUBCLASS	S					
BREAN, LAURA MICHELLE 3724			4	083-848000						
Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Michael J. Striker  2  3						
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Robert Bosch GmbH  Stuttgart, Germany										
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The following fce(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted)  Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 194675 (enclose an extra copy of this form).						
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